

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

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## **2014 CANDIDATE REGISTRATION**

1013-A and 1125(12-A)) (21-A MRSA § 1013-A (1)(A)(1))

1.	CANDIDATE INFORMATION				
Are you running as a (check one):	ine Clean Election Act candidate	☐ traditionally financed candidate			
Title	Party affiliation	Office sought			
Name: First MI or Middle Name	Last	District or County			
Mailing address		Home Phone			
City, zip code		Cell Phone			
E-mail	Fax	Work Phone			
2.	REASURER INFORMATION				
Name: First MI or Middle Name	Last	Phone (home)			
Mailing address		Phone (work)			
City, zip code	E-mail	Fax			
DESIGNATION OF TREASURER: A candidate for off before accepting contributions, making expenditures or must register with the Commission the name and ad campaign records and for filing reports. A MCEA candi (21-A MRSA §§ 1013-A and 1125(12-A))	incurring obligations. No later than 1 dress of the candidate and treasure	0 days after appointing a treasurer, the candidater. The treasurer is responsible for maintaining			
2A. DEPU	DEPUTY TREASURER INFORMATION				
Name: First MI or Middle Name	Last	Phone (home)			
Mailing address		Phone (work)			
City, zip code		E-mail			
DESIGNATION OF DEPUTY TREASURER (optional) than 10 days after the appointment. The deputy, where the treasurer. A MCEA candidate may serve as deputy	n acting in the absence of the treasur	rer, has the same powers and responsibilities a			

Notice: Changes to registration information must be filed within 10 days in writing or by e-mail to the Commission.

3.	AUTHORIZ	ED AGENT INFORI	MATION		
Name	Phone		Email		
Name	Phone		Email		
DESIGNATION OF AUTHORIZED AGENT treasurer, authorized to file reports on your b		e use this section to d	designate individ	uals, other than the treasurer and deput	
4.	POLITICAL O	COMMITTEE INFOR	RMATION		
Name				Phone	
Address of campaign headquarters	dress of campaign headquarters		City, zip code		
DESIGNATION OF POLITICAL COMMITTE forming the committee and before accepting	contributions, maki ate may have only officers, if any are a	ing expenditures or income treasurer who is I	curring obligatior isted in Section 2	ns, the candidate must: 2) and	
Name		Title		Phone	
Mailing address		City, zip code		E-mail	
Name		Title		Phone	
Mailing address		City, zip code		E-mail	
5.	С	ERTIFICATION			
I,(Print Candidate's Full Name accurate and complete.	<del>)</del> )	, certify tha	at the information	on in this registration is true,	
Signature of Candidate	Date				
6.	FOR COUN	ITY CANDIDATES	<u>ONLY</u>		
REPORTING EXEMPTION REQUEST: A and file campaign finance reports if the ca her campaign. You cannot request a repoyour campaign expenses. To request an submit it to the Commission.	ndidate does not a orting exemption if exemption, compl	accept any cash or in you use your or your ete the statement be	kind contribution spouse's/domes low and sections	ns or make any expenditures for his or stic partner's personal funds to pay for s 1 & 5, have the form notarized, and	
STATEMENT OF ELIGIBILITY FOR A RE make expenditures or incur obligations ass			gned, swear or a	firm that I will not accept contributions,	
Signature of county candidate	/ candidate Date				
Subscribed and sworn (affirmed) to before me the	is day of	, 2	0		
Signature of Notary/Attorney-at-law(Seal is optional)	My commission expires(Date)				
<b>REVOCATION NOTICE:</b> The foregoing revocation notice must be in the form of ar date the treasurer is appointed. The noti notice is subject to the same penalties apple.	amended registra ce must be filed b	tion which must be fil efore contributions a	ed with the Com	mission no later than 10 days after the	